Fill in this inform	ation to identify the case:
Debtor 1	AIRFASTTICKETS, INC
Debtor 2 (Spouse, if filing)	
United States Ba	nkruptcy Court for the: SOUTHERN District of NEW YORK
Case number	15-11951-SHL (State)

Official Form 410

Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Part 1: Identify the Cl	aim							
1.	Who is the current creditor?	American Express Bank, FSB Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor							
2.	Has this claim been acquired from someone else?	☑ No □ Yes.	From whom?						
3.	Where should notices and payments to the creditor be sent?	Where shoul	ld notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Becket and Le Name POB 3001	e LLP		Name				
		Number	Street			Number	Street		
		Malvern		PA	19355-0701				
		City		State	ZIP Code	City		State	ZIP Code
		Contact phone	610-228-2570			Contact phone	610-228-2570		
		Contact email	proofofclaim@b	ecket-lee.co	m	Contact email	payments@bec	ket-lee.com	
		Uniform claim id	entifier for electronic payments in chapter 13 (if you use			one):			
4.	Does this claim amend one already filed?	☑ No □ Yes.	Claim number o	n court clain	ns registry (if known)	Filed (on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes.	Who made the	earlier filing?				_	

AirFastTickets, Inc. POC

Part 2: Give Information About the Claim as of the Date the Case Was Filed Do you have any number you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2</u> <u>0</u> <u>0</u> <u>1</u> debtor? How much is the claim? \$1,010,789.22 Does this amount include interest or other charges? □ No ✓ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). 8. What is the basis of the Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. CREDIT CARD DEBT Is all or part of the claim ✓ No secured? ☐ Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. ☐ Motor vehicle ☐ Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed) ☐ Fixed Variable 10. Is this claim based on a ✓ No lease? ☐ Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ✓ No right of setoff? ☐ Yes. Identify the property: 12. Is all or part of the claim ✓ No entitled to priority under ☐ Yes. Check all that apply: 11 U.S.C. § 507(a)? Amount entitled to priority

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A claim may be partly priority and partly nonpriority. For example, in sectoraries, the law of the sectoraries and partly nonpriority. For example, in sectoraries are law of the sectoraries and law of the sectoraries are law of the sectoraries.	\$r						
limits the amount entitled to services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$						
priority. ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 day before the bankruptcy petition is filed or the debtor's business ends, which is earlier.11 U.S.C. § 507(a)(4).							
	\$						
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$						
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$						
☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$						
* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or	after the date of adjustment.						
Part 3: Sign Below							
The person completing Check the appropriate box:							
this proof of claim must sign and date it. I am the creditor.							
FRBP 9011(b). ☑ I am the creditor's attorney or authorized agent.							
If you file this claim electronically, FRBP 5005(a) I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004							
(2) authorizes courts to establish local rules							
specifying what a signature is. Lunderstand that an authorized signature on this <i>Proof of Claim</i> serves as an acknow	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the						
	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
years, or both.	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
18 U.S.C. §§ 152, 157 and 3571. I declare under penalty of perjury that the foregoing is true and correct.							
Executed on date 01/05/2016							
Executed on date 01/05/2016 MM / DD / YYYY							
/s/ SHRADDHA BHARATIA							
/s/ SHRADDHA BHARATIA Signature							
/s/ SHRADDHA BHARATIA							
/s/ SHRADDHA BHARATIA Signature	ia						
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim:							
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha Bharat							
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha First Name Middle Name Last Name							
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha First Name Middle Name Last Nam Title Claims Administrator	ne						
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha First Name Middle Name Last Nam Title Claims Administrator Company Becket and Lee LLP Identify the corporate servicer as the company if the authorized agent is a service.	ne						
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha First Name Middle Name Last Nan Title Claims Administrator Company Becket and Lee LLP Identify the corporate servicer as the company if the authorized agent is a service.	ne						
SHRADDHA BHARATIA Signature	ricer.						
/s/ SHRADDHA BHARATIA Signature Print the name of the person who is completing and signing this claim: Name Shraddha First Name Middle Name Last Name Claims Administrator Company Becket and Lee LLP Identify the corporate servicer as the company if the authorized agent is a servent Address POB 3001	ricer.						

Next Closing Date 05/29/15

2001 Account Ending

New Balance

\$1,010,789.22

Pay Past Due Amount Immediately ‡

[‡]Pay past due amount of \$1,001,296.73 immediately. Payment is due upon receipt; we suggest you pay the remaining balance by 05/13/15. You may be charged a late fee of the greater of \$38.00 or 2.99% of the past due Pay in Full amount if your payment is not received by the Next Closing Date.

- See page 2 for important information about your account.
- New York residents may contact the New York Department of Financial Services to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-800-518-8866.
- Your account is cancelled.

000132 37/3

Please note, your preset line is \$0.00. You have spent \$1,010,789.22.

Visit www.membershiprewards.com

Account Summary

Previous Balance \$1,020,281.72 Payments/Credits -\$9,492.50 **New Charges** +\$0.00 +\$0.00 **Fees**

\$1,010,789.22 **New Balance**

Days in Billing Period: 30

Customer Care

Pay by Computer open.com/pbc

Pay by Phone **Customer Care** 1-800-472-9297 1-800-492-8468

See page 2 for additional information.

♦ Please fold on the perforation below, detach and return with your payment ♦

Payment Coupon Do not staple or use paper clips **Pay by Computer** open.com/pbc

Pay by Phone 1-800-472-9297

2001 **Account Ending**

Enter account number on all documents. Make check payable to American Express.

NIKOS KOKLONIS AIRFASTTICKETS INC 875 3RD AVE NEW YORK NY 10022-6225

Amount Due \$1,010,789.22

Check here if your address or phone number has changed. Note changes on reverse side. **AMERICAN EXPRESS** P.O. BOX 1270 **NEWARK NJ 07101-1270**



Claim 8-1 File 0 01/05/16 Pg 0PEN



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Account Ending

2	n	n	1

Summa	ry		
			Tota
Payments			\$0.00
Credits			
NIKOS KO	OKLONIS 2001		-\$0.01
	EYALIOGLU 2050 ents and Credits		-\$9,492.49 - \$9,492.5 0
Detail	*Indicates posting date		
Credits			Amoun
04/27/15	NIKOS KOKLONIS	2014 Loyalty Bonus TRANSACTION PROCESSED BY AMERICAN EXPRESS	-\$0.01
04/27/15*	SEVKET SEYALIOGLU	Dispute - SHI ENTERPRISE SHI INTERN	-\$9,492.49
Fees			
			Amount
Total Fees fo	or this Period		\$0.00
2015 F	ees and Interest To	otals Year-to-Date	
n-values and the second			Amount
Total Fees i		en e	-\$30.00
Total Intere	est in 2015		\$0.00

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American Express Bank, FSB c/o Becket and Lee LLP Attorneys/Agent for Creditor POB 3001

Malvern , PA 19355-0701

Bankruptcy Information			
Case Number:	15-11951-SHL		
District:	SOUTHERN DISTRICT OF NEW YORK NEW YORK DIVISION		
Chapter:	11		
Petition Date:	10/27/2015		
Debtor(s) Name:	AIRFASTTICKETS, INC		

<u> </u>				
Claim Balance Itemization				
Debtor(s) Name:	AIRFASTTICKETS, INC			
Debtor(s) SSN:	***-**-1505			
Debtor Address:	875 3RD AVE NEW YORK, NY 10022			
Account Number:	******2001			
Name of entity from whom t	the creditor purchased the account : N/A			
Name of entity to whom the	debt was owed at the time of the last transaction by the account holder: American Express			
Account Type:	CREDIT CARD DEBT			
Open Date:	10/10/2012			
Charge Off Date:	03/2015			
Last Payment Date:	10/2014			
Last Transaction Date: 08/2014				
Principal:	\$991,160.36			
Interest:	\$0.00			
Fees:	\$19,628.86			
Total:	\$1010,789.22			

Southern District of New York Claims Register

15-11951-shl Airfasttickets, Inc. Converted 10/27/2015

Judge: Sean H. Lane Chapter: 11

Claim No: 8

Original Filed

Original Entered

Date: 01/05/2016 Modified:

Office: Manhattan

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Status:

Bharatia

Date: 01/05/2016 Entered by: Shraddha

Filed by: CR

Creditor: (6823003) AMERICAN EXPRESS BANK, FSB

C/O BECKET AND LEE

LLP POB 3001

MALVERN, PA 19355-

0701

Amount claimed: \$1010789.22

History:

Details 8-1 01/05/2016 Claim #8 filed by AMERICAN EXPRESS BANK, FSB, Amount

claimed: \$1010789.22 (Bharatia, Shraddha)

Description: Remarks:

Claims Register Summary

Case Name: Airfasttickets, Inc. **Case Number:** 15-11951-shl

Chapter: 11
Date Filed: 07/27/2015
Total Number Of Claims: 1

Total Amount Claimed*	\$1010789.22
Total Amount Allowed*	

^{*}Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		